



PLEASE EMAIL THE FORM TO [FHSAPPLICATIONS@UFS.AC.ZA](mailto:FHSAPPLICATIONS@UFS.AC.ZA)  
EXCEPT FOR B NURSING EMAIL TO [KLOPPER1@UFS.AC.ZA](mailto:KLOPPER1@UFS.AC.ZA)

Student or ID number:

Full name and surname:

**FACULTY OF HEALTH SCIENCES  
SCHOOL OF CLINICAL MEDICINE / SCHOOL OF HEALTH & REHABILITATION SCIENCES**

Extramural activities (Only Grade 11 & 12)	- Indicate with an X	Yes	No
Are/were you head boy/girl of your school?			
Are/were you deputy head boy/girl of your school?			
Are/were you a school and/or hostel prefect?			
Are/were you a class leader?			
Are your parent(s) current personnel members of the UFS?			
Are your parent(s) alumni of the UFS			

Sport activities (ONLY GRADE 11 & 12)	Participation only	First team	Provincial colours	SA colours

Cultural activities (ONLY GRADE 11 & 12)	Participation only	Leadership	Achievements

**PRINCIPAL'S SIGNATURE**

(Certified a true and correct account of the candidate's achievements.  
Applicable to Grade 12 learners only.)

OFFICIAL SCHOOL STAMP  
(applicable to Grade 12 learners only)

NAME OF SCHOOL:

PROVINCE:

URBAN:

RURAL:

**PLEASE SUBMIT THIS DOCUMENT BEFORE 14 JUNE 2024.**